

# Novel Formulation and Biopharmaceutical Challenges of Oral Cancer Therapy



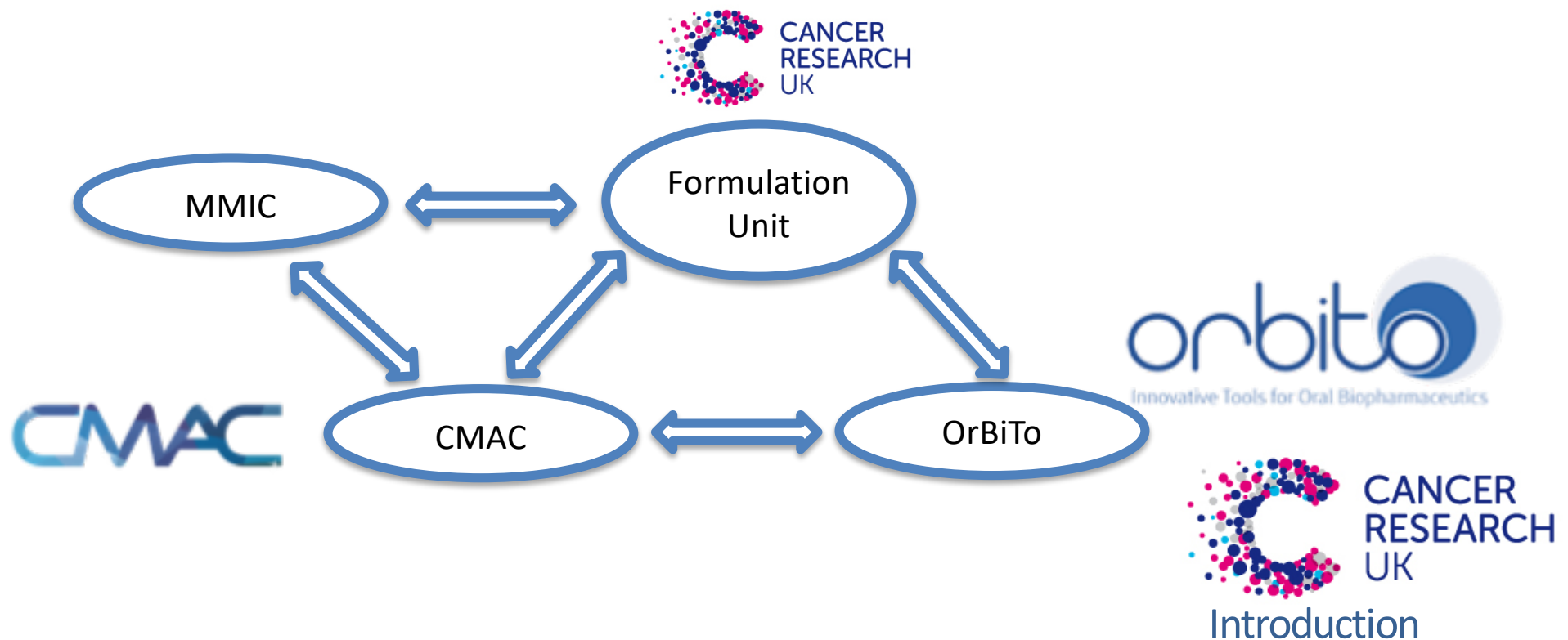
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Strathclyde Institute of Pharmacy and Biomedical Sciences  
University of Strathclyde

# Synopsis

- Introduction
- Oral administration
- Cancer and chemotherapy developments
- Barriers requiring carriers
- Pharmaceutical nanolandscape
- Amorphous, anthracyclines and taxanes
- Nanotechnology issues
- Conclusions

# Gavin Halbert

- Pharmacist, Chemist & Qualified Person
- Drugs into patients
- Range of research, formulation and product experience
- Drug delivery sympathies – practical realities



# Formulation Unit

- Established in 1983 – unique within UK
- Develop novel anti-cancer drugs selected by Cancer Research UK
- Antibodies – Alkylating Agents – Antisense
- Drug Delivery Systems
  - Liposomes
  - ADEPT

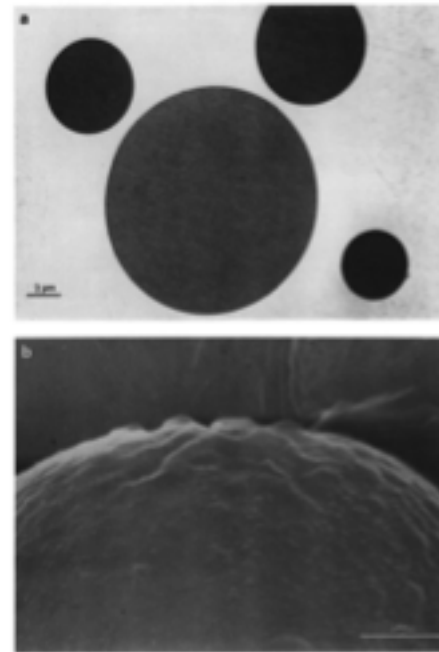




# Drug Delivery in Cancer Chemotherapy

- Long history of delivery/targeting drugs to cancer  
1958 – methotrexate conjugated to polyclonal antibody
- Early rationale
  - Alleviation of toxicity
- Multiple systems tested
  - Liposomes
  - Microspheres
  - Nanoparticles
  - Polymeric conjugates

Microscopy Transferrin/Albumin/Polyaspartic acid microspheres



Chen, Y., et.al., J.Cont.Rel., 1988;8;93-101

# Oral Nanoparticulate Systems

- Uptake of nanoparticles after gastro-intestinal administration

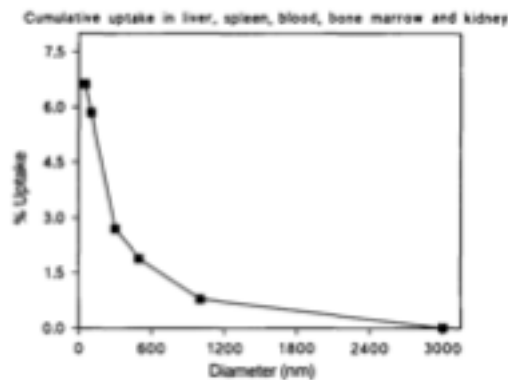


FIG. 7. The cumulative uptake of polystyrene, orally administered to female Sprague Dawley rats for 10 days at a dose of  $1.25 \text{ mg kg}^{-1}$ , as a function of particle diameter in the liver, spleen, blood, bone marrow and kidney. In the case of particles of 500 nm and 1  $\mu\text{m}$  these data refer only to liver and spleen as no microspheres were detected in blood, bone marrow and kidney. For the 300 nm latex the data refer to liver, spleen and blood.

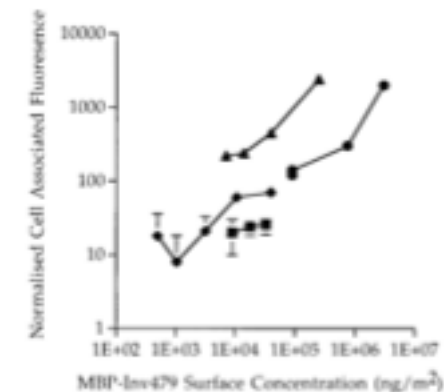
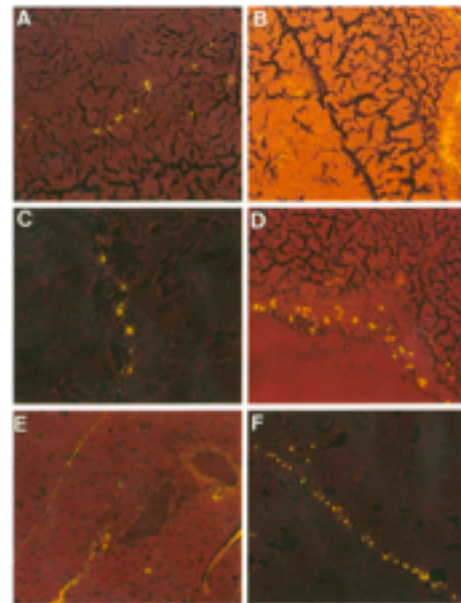


Fig. 7. Effect of MBP-Inv479 surface density and nanoparticle size upon cellular association. Cell incubation performed using standard conditions;  $\bullet$  155 nm diameter PLGA nanoparticles;  $\blacksquare$  200 nm;  $\blacktriangle$  375 nm;  $\blacklozenge$  600 nm. Mean association  $n = 3$   $\pm$  standard deviation. PLGA has a density of  $1.29 \text{ g}/\text{cm}^3$ , therefore the total surface area for a given nanoparticle mass can be calculated based on the measured hydrodynamic diameter. The amount of bound protein can be measured and the degree of protein coverage expressed as a quantity bound per unit surface area ( $\text{ng}/\text{m}^2$ ).

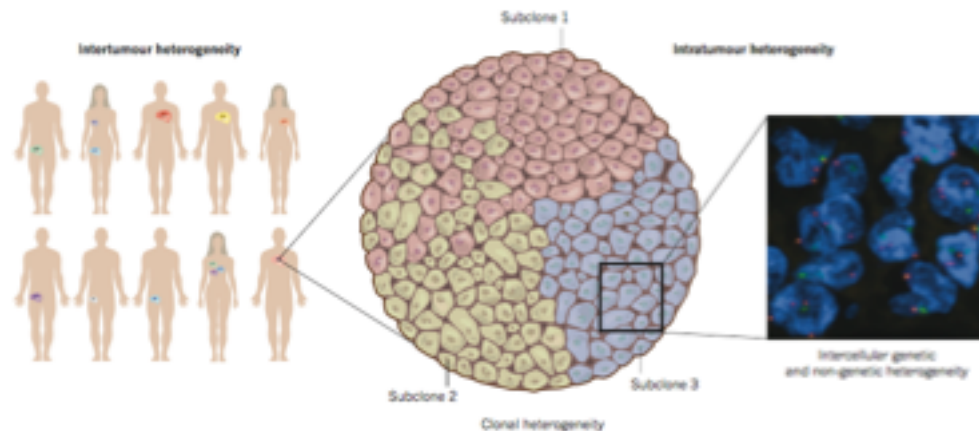
Jani, P., et.al., J.Pharm.Pharmacol., 1990;42;821-826  
Jani, P., et.al., J.Pharm.Pharmacol., 1989;41;809-812

Dawson, G.F., Halbert, G.W., Pharm.Res., 2000;17;1420-1425

# Cancer and chemotherapy developments

# Cancer Research

- Massive increase in biological understanding
- Imatinib – 2001 – targeted treatment
- Tumour heterogeneity
- Agile combination therapy
- Personalised therapy



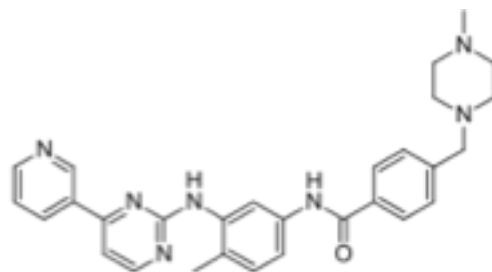
Burrell, R., et.al., (2013) Nature 501: 338-345



# Molecular Complexity

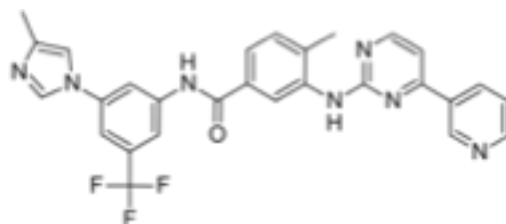
## BCS Issues

imatinib



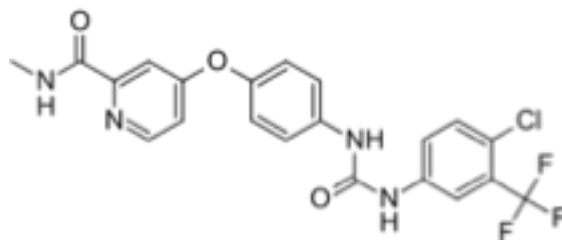
Solubility 200mg/ml  
Oral Bioavailability 98%

nilotinib



Solubility sparingly  
Oral Bioavailability 31%

sorafenib

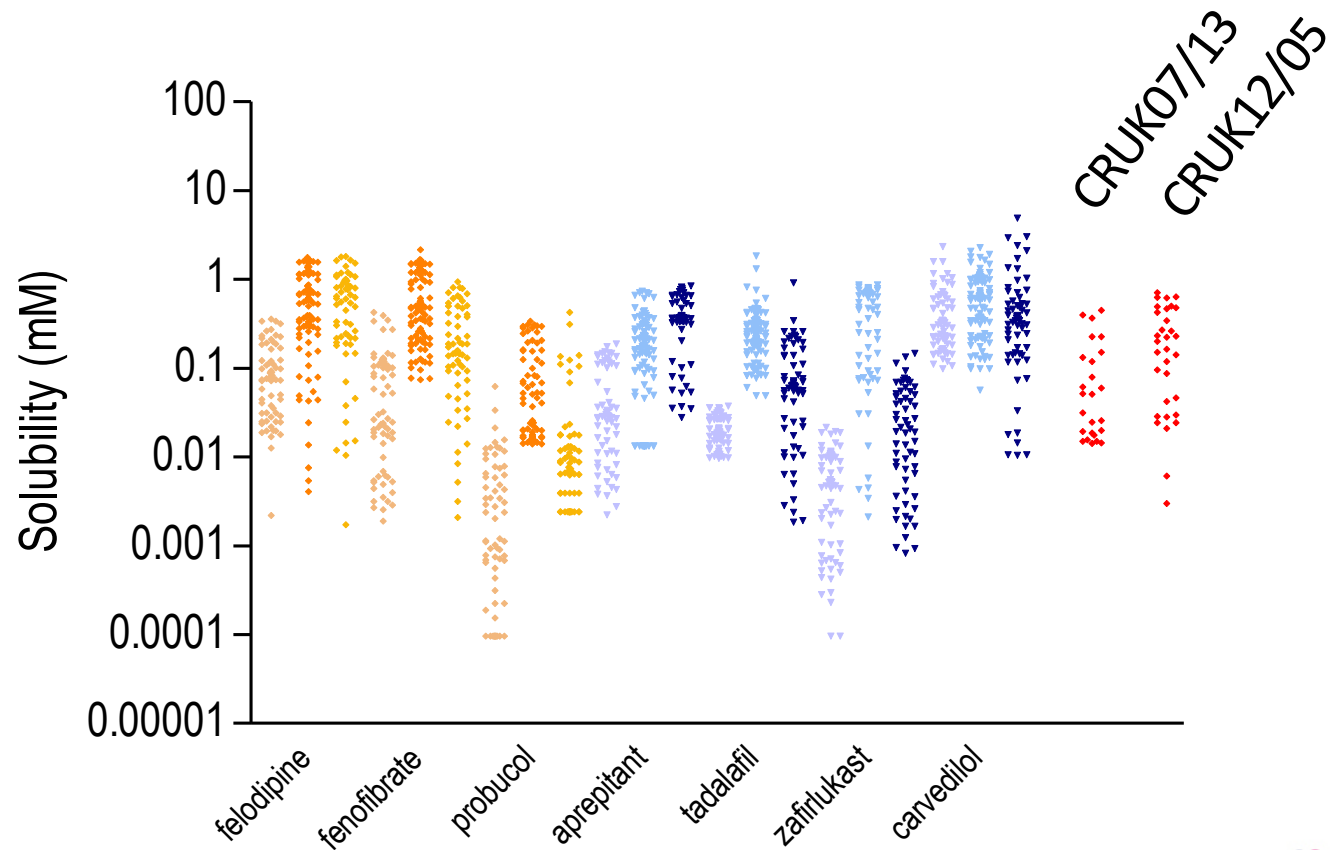


Solubility (1:2 DMSO:PBS) 0.3mg/ml  
Oral Bioavailability 50%



# Intestinal Solubility Variation

- Impact of simulated gastrointestinal fluid composition



Khadra, I., et.al., (2015) Eur. J. Pharm. Sci., 67: 65-75 (Fasted data only)

# Oral administration

# Cancer Chemotherapy Therapy

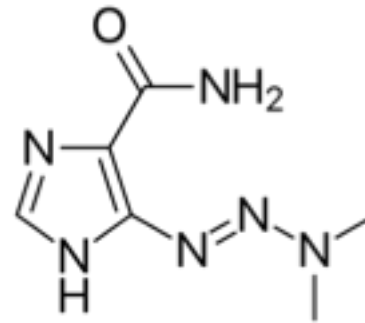
## Routes of Administration

- Oral therapy – always present  
Chlorambucil, tamoxifen  
Traditional formulation presentations  
Not always optimal
- Parenteral therapy – main route  
Alkylating agents, doxorubicin  
Bioavailability  
Acute therapy  
Toxicity, pharmacokinetics

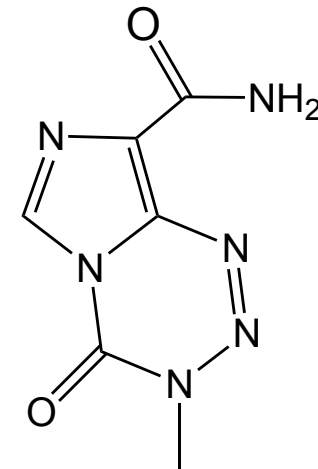


# Oral Therapy - Temozolomide

- Dacarbazine  
IV administration
- Temozolomide  
Oral administration



Dacarbazine



Temozolomide

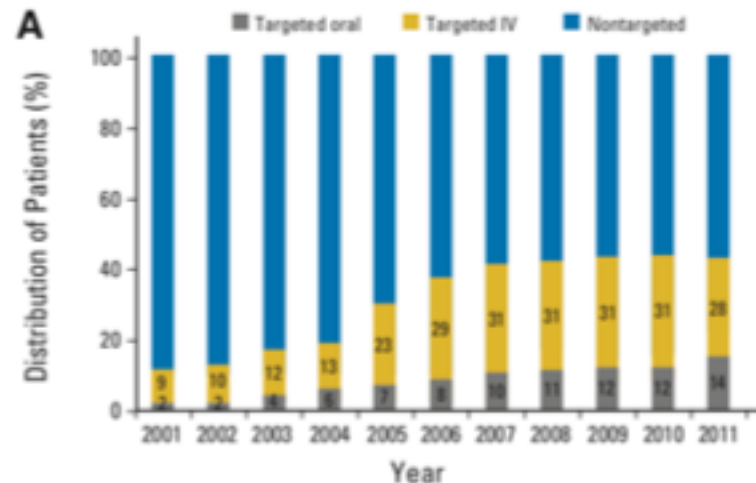
Pro-drug approach



# Advantages and switch to oral

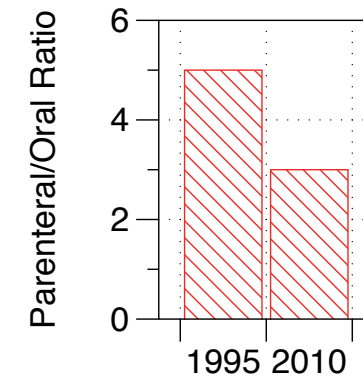
“the most frequently reported attributes contributing to preference included convenience, ability to receive treatment at home, treatment schedule, and side effects.”

EeK, D., et.al., Patient Preference and Adherence 2016;10;1609-1621



Shih, Y-C.T., et.al., J.Clin.Oncol., 2015;33;2190-2196

## Formulation Unit Survey

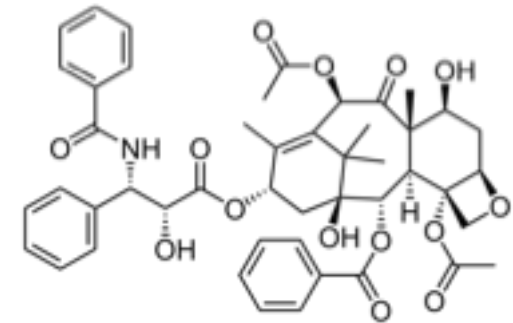


“Biotechs” not included

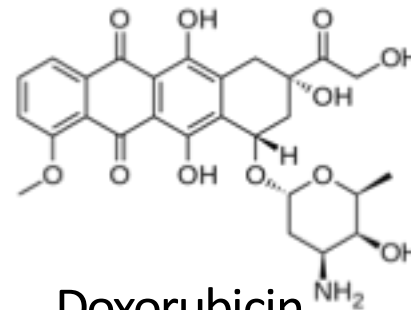


# Bioavailability

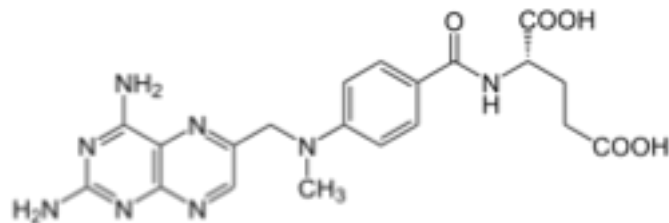
- Poor bioavailability - always an issue
- Chemical stability
- Poor solubility
- Efflux pumps



Paclitaxel



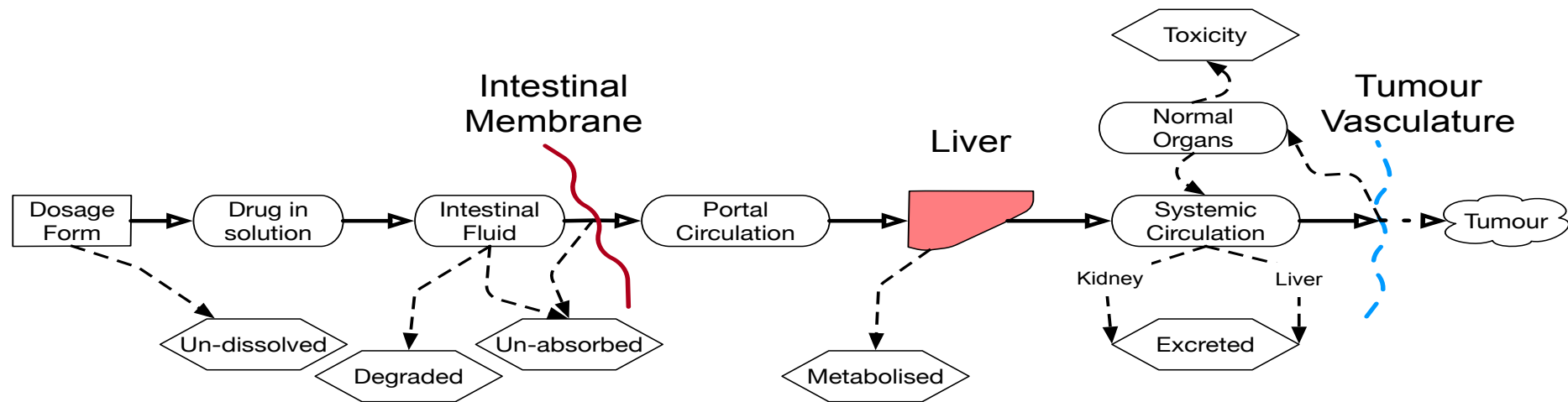
Doxorubicin



Methotrexate

# Barriers requiring carriers

# Gastrointestinal transit route

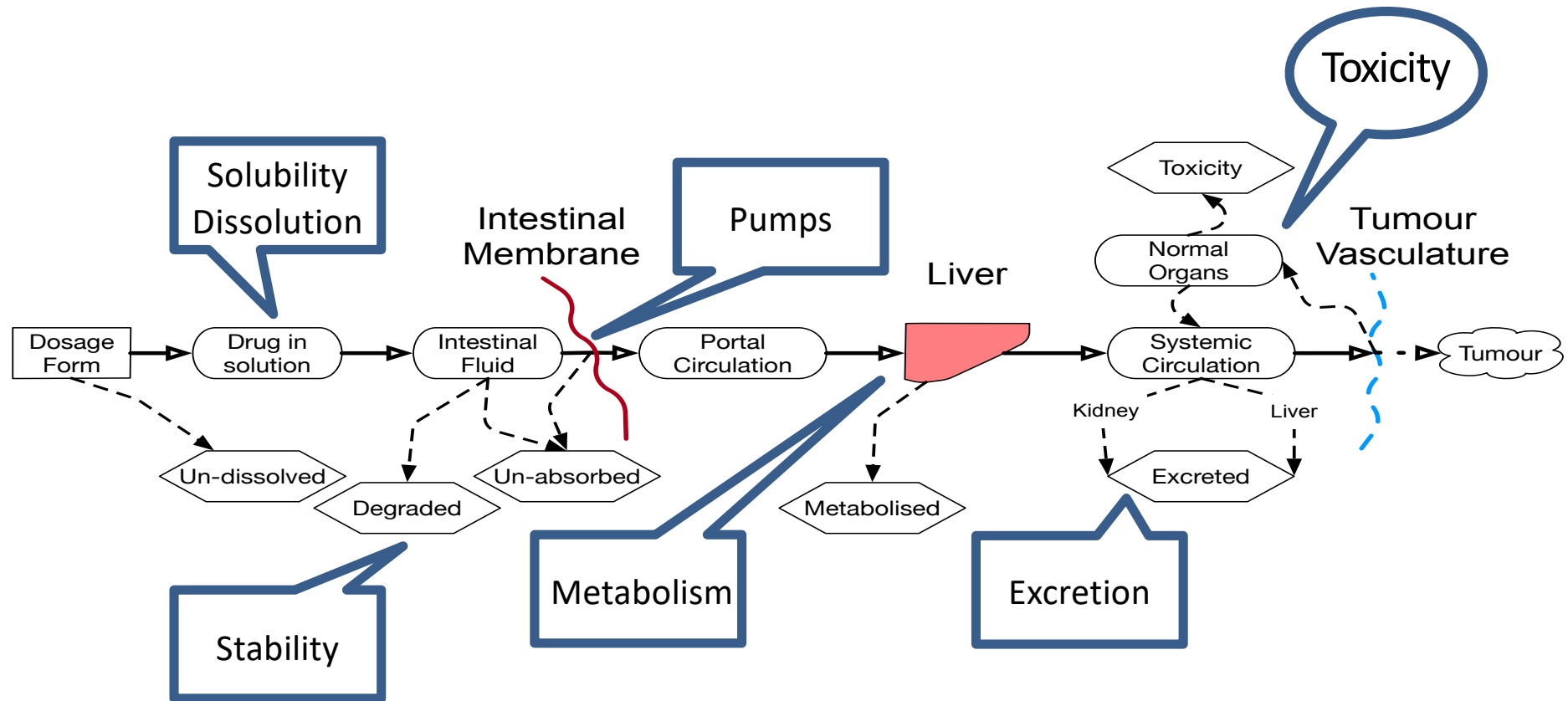


## Reviews

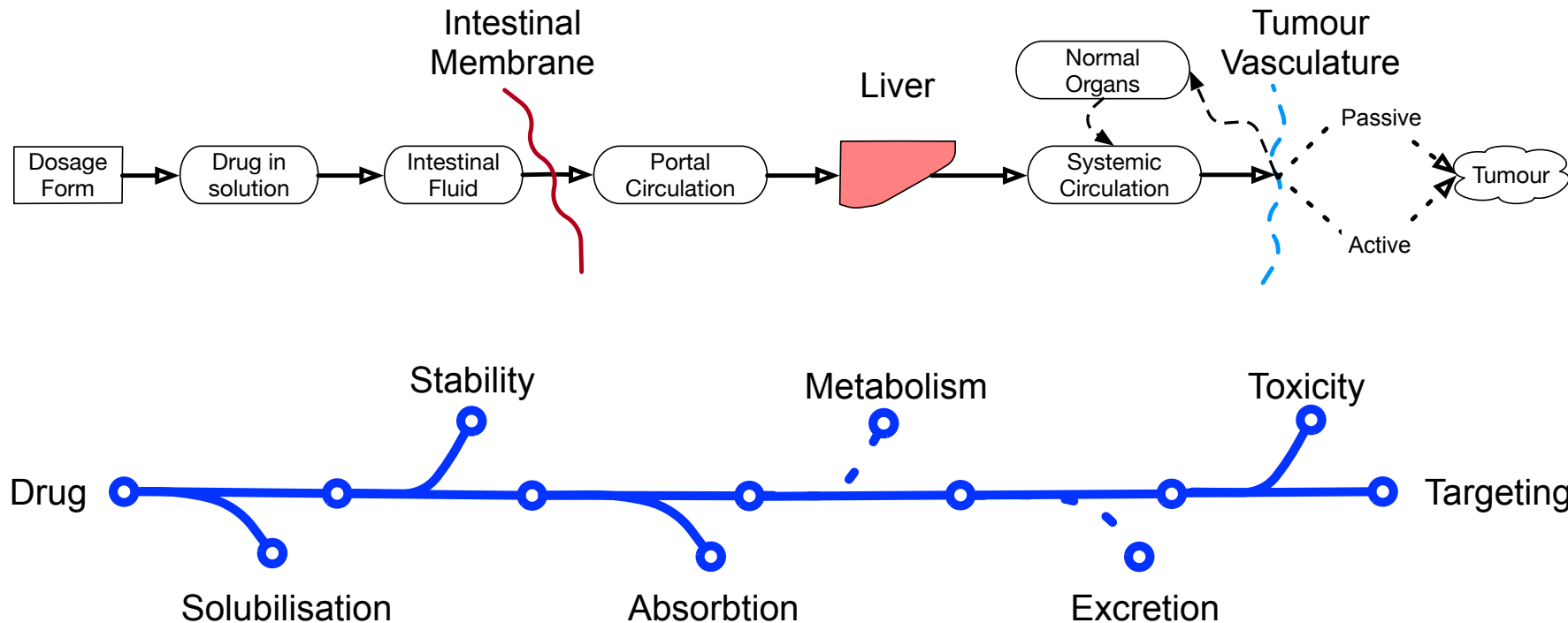
Blanco, E., et.al., Nat.Biotechnol., 2015;33;941-951

Malhaire, H., et.al., Adv.Drug.Deliv.Rev., 2016;106;320-336

# Gastrointestinal transit route



# How far do you need to go?

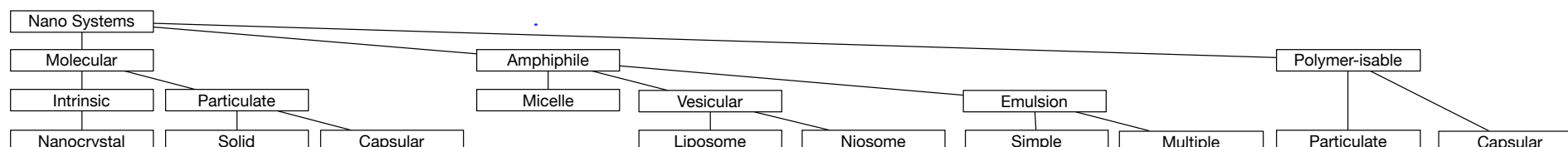


Use an excipient (carrier) to usurp or circumvent the barrier

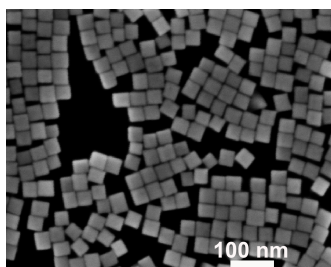


# Pharmaceutical nano-landscape

# Pharmaceutical nano-landscape



## Nanocrystals



## Micelles

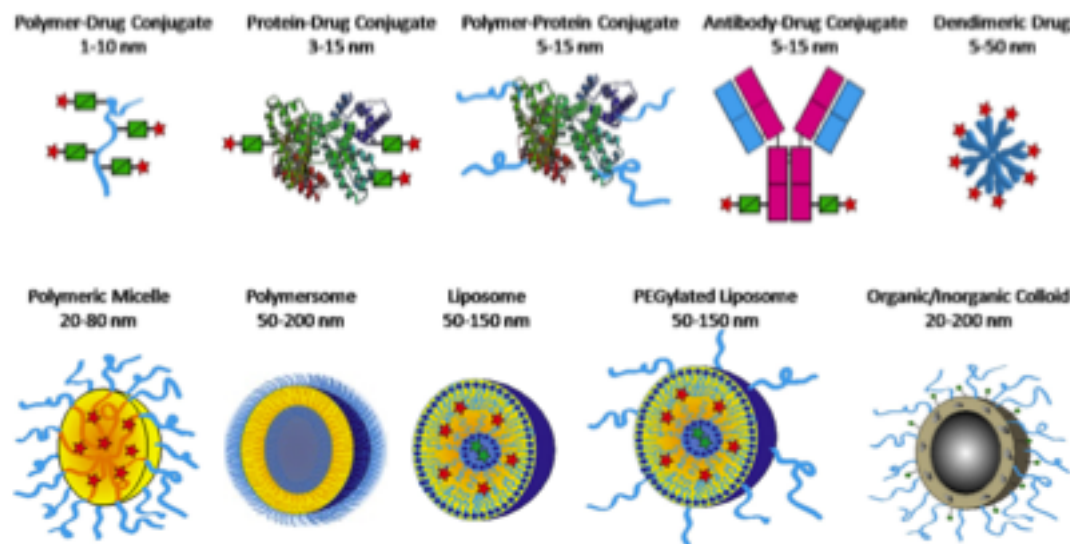
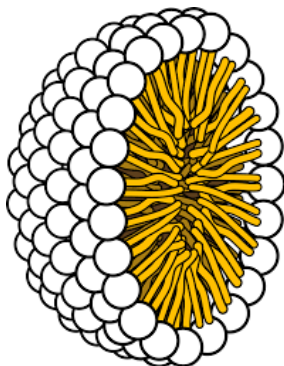
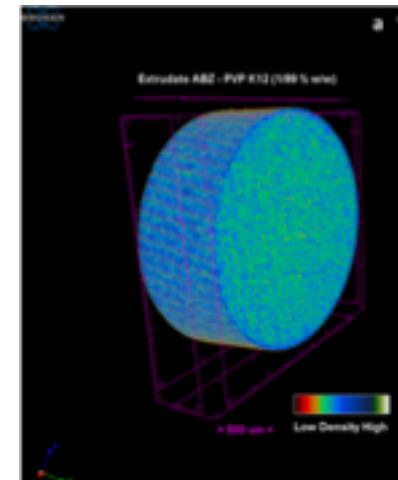


Figure 1 Schematic depiction of routinely used nanomedicine formulations. Note that most standard (chemotherapeutic) drug molecules are between 0.1 and 1 nm in hydrodynamic diameter.

Talelli, M., et.al., Nano Today 2015;10;93-117

# Amorphous systems

- Are they nanobased?  
Drug dispersed in polymer – nano sized domains  
Molecular dispersion or solution
- Route to increased kinetic solubility
- Systems variability possible  
Nano-crystalline to amorphous  
Polymer characteristics
- Extreme particle size reduction  
Down to the molecule  
NB also applicable for other systems



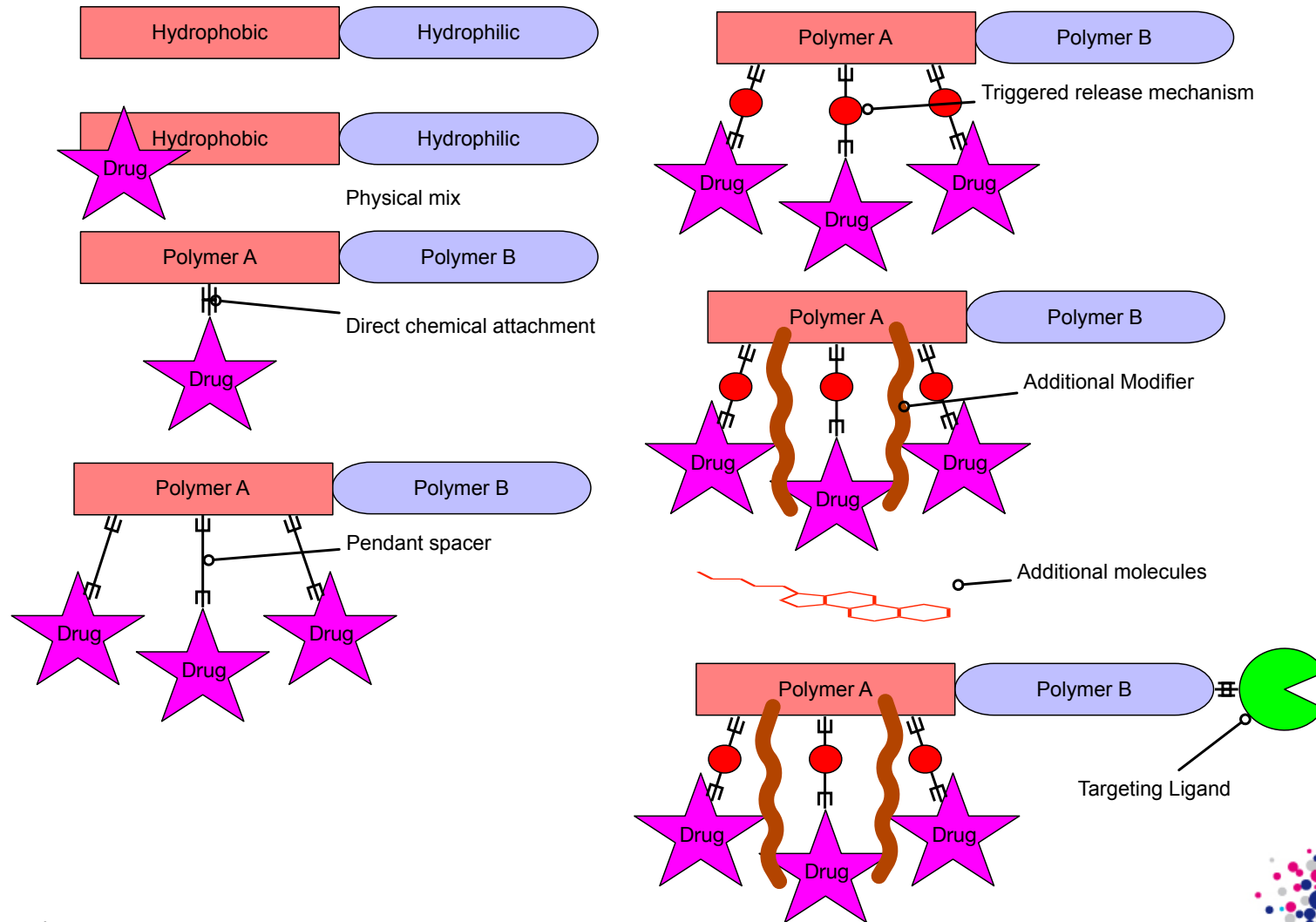
Albendazole polymer –  
amorphous dispersion

Martinez-Marcos, L., et.al., Int.J.Pharm., 2016;499;175-185



Pharmaceutical nano-landscape

# Development of polymeric systems



Reviews

Perez-Herrero, E., et.al., Eur.J.PharmSci., 2015;93;52-79

Biswas, S et.al., Eur.J.PharmSci., 2016;83;184-202

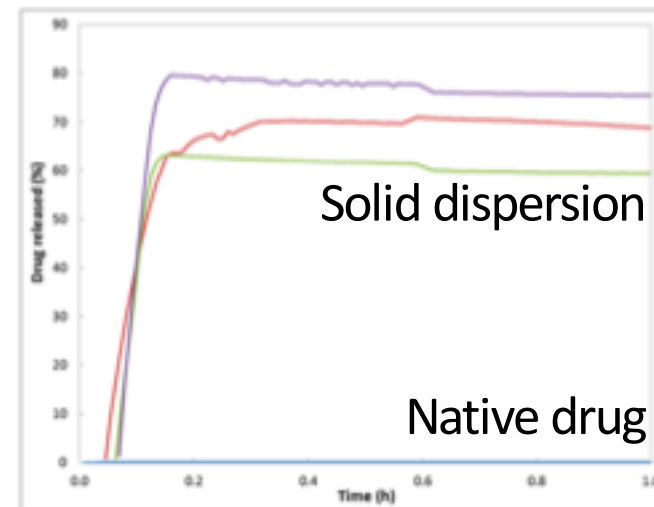
# Amorphous, anthracyclines and taxanes



# Amorphous systems

- Increased interest
  - Poorly soluble drugs
- Range of manufacturing techniques
  - Hot melt extrusion, solvent precipitation
- Example marketed systems
  - Vemurafenib
  - Regorafenib
  - Evorlimus
- Solubility assistance only

Dissolution of Albendazole



Martinez-Marcos, L., et.al., Int.J.Pharm., 2016;499;175-185

# PAMAM-Doxorubicin dendrimer

- Oral administration 20mg/kg in rat
- Particle size  $\approx 4\text{nm}$
- Doxorubicin

$C_{\text{max}} (\mu\text{M}) = 0.20$

$\text{AUC } (\mu\text{g/mL}) \cdot \text{h} = 0.78$

- Doxorubicin-PAMAM

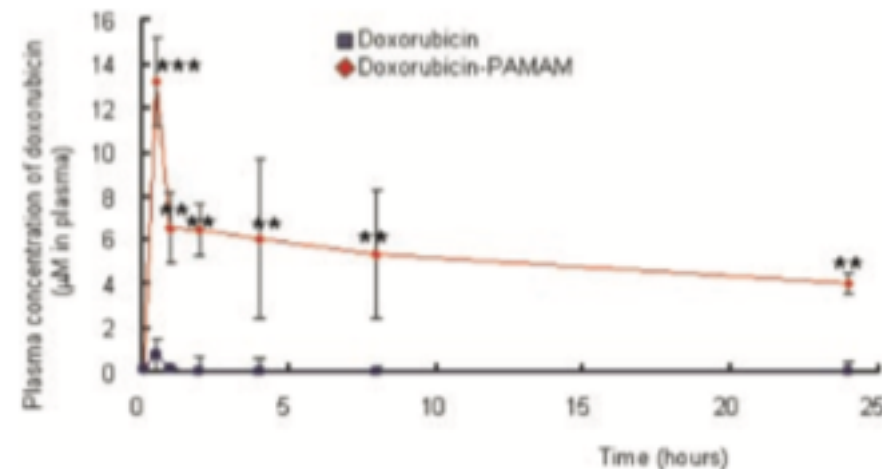
$C_{\text{max}} (\mu\text{M}) = 7.63$

$\text{AUC } (\mu\text{g/mL}) \cdot \text{h} = 247$

- Doxorubicin IV

$C_{\text{max}} (\mu\text{M}) \approx 10$

Data from: Ke, W., et.al., J.Pharm.Sci., 2008;97;2208-2216

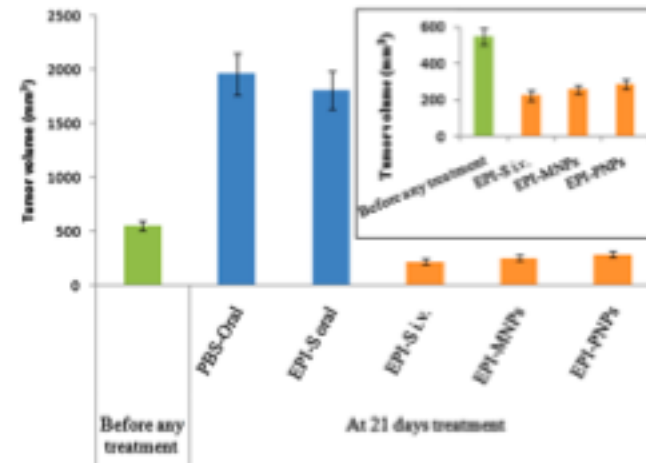
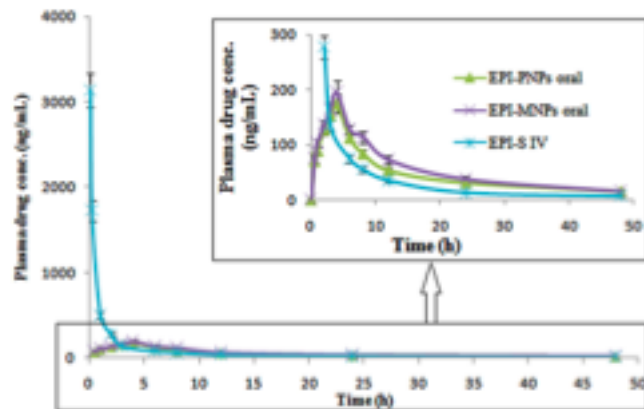


Relative not Absolute!

Data from: Rahman, A., et.al., Cancer.Res., 1986;46;2295-2299

# Surface decorated nanoparticles

- PLGA Nanoparticles
- Surface –polyethylene glycol or mannosamine
- Epirubicin @ 10mg/kg in rats
- Particle Size  $\approx$  250nm

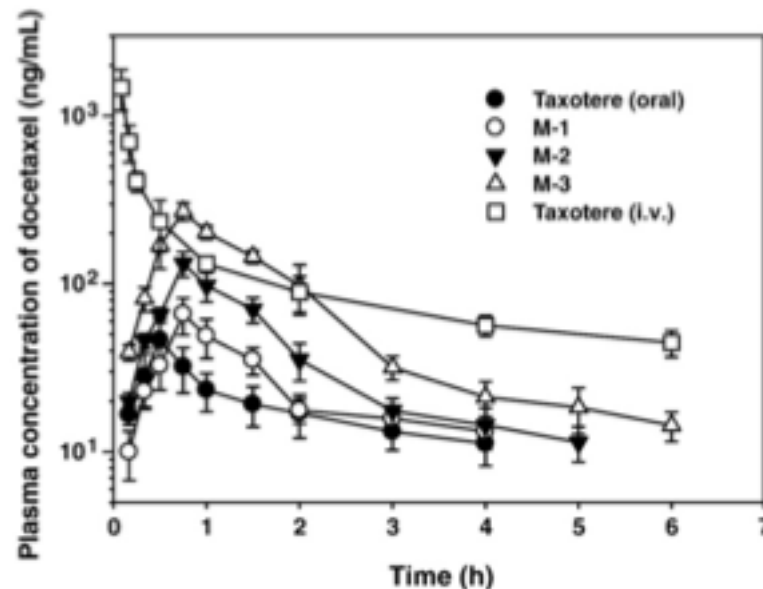


Parameters	EPI-S IV	EPI-S oral <sup>a</sup>	EPI-PNPs oral	EPI-MNPs oral
$C_{max}$ (ng/mL)	3133.3 $\pm$ 256.23	132.52 $\pm$ 12.60 <sup>a</sup>	174.62 $\pm$ 18.32	194.87 $\pm$ 21.32
$T_{max}$ (h)	1.16 $\pm$ 0.4	3.833 $\pm$ 0.4 h <sup>a</sup>	4.33 $\pm$ 0.86	4.33 $\pm$ 0.86
$AUC_{0-24}$ (ng h/mL)	2956.08 $\pm$ 300.64	512.16 $\pm$ 56.32 <sup>a</sup>	2258.57 $\pm$ 154.08	2722.93 $\pm$ 192.85
$AUC_{0-\infty}$ (ng h/mL)	3094.24 $\pm$ 312.45	551.5 $\pm$ 64.05 <sup>a</sup>	2592.1 $\pm$ 180.3	3072.74 $\pm$ 340.21

Data from: Tariq, M., et.al., Int.J.Pharm., 2016;501;18-31

# Docetaxel microemulsion

- o/w microemulsion oral in rats  
Capryol 90/cremophor/transcutol
- Droplet size  $\approx 30\text{nm}$



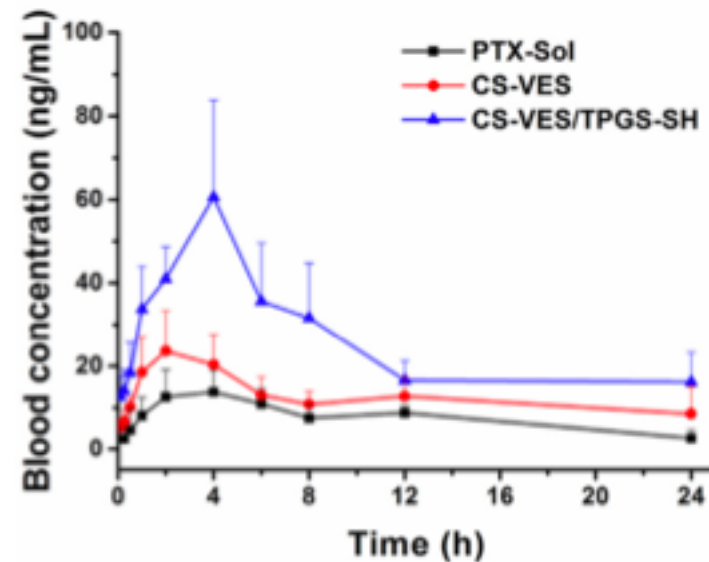
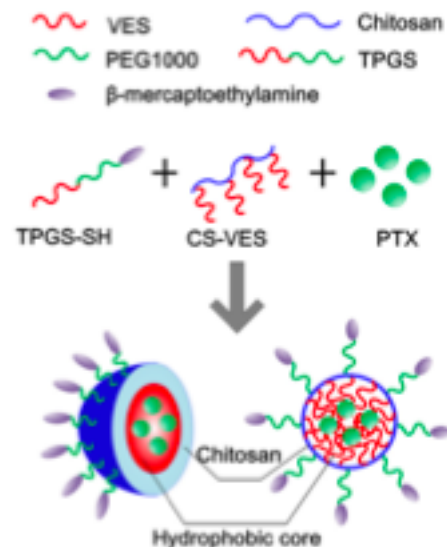
po 10 mg/kg

iv 8mg/kg

Yin, Y-M., et.al., J.Cont.Rel., 2009;140;86-94

# Paclitaxel nanomicelle

- Dual functional system – in rats  
Mucosal penetration & P-gp inhibition
- Particle size  $\approx 250\text{nm}$



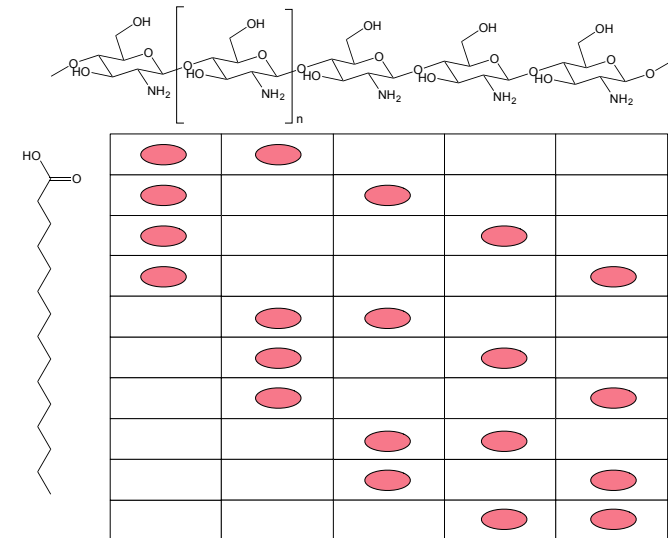
po 15 mg/kg

Lian, H., et.al., Colloids and Surfaces B: Biointerfaces, 2017;155;429-439

# Nanotechnology issues

# Nanotechnology issues

- Complex systems
- Production  
Solvent, dialysis, sonication, centrifugation
- Issues of scale up  
Working volume approx 10mL
- Control of complex polymers  
Synthesis and impact on properties
- Stability  
Chemical and physical
- Cost of goods  
Greater than drug costs?
- Toxicity



Realistic values  $\approx 10^n$



# Conclusions

- Not yet - “set the heather alight!”  
Struggling to break through
- Amorphous systems  
Increasing acceptance – solubility only – or maybe not?
- Experimental promise – not realized clinically
- Not simply drug – but whole system  
Efficacy, variability, biological interaction, manufacture and control
- Likely to arrive  
Bioavailability improvement
- Watch this space

## Recent Quote

Despite the demonstrated advantages by the preclinical studies, further studies on improved understanding of the interactions of SLNCs with biological tissues of the target site is necessary for efficient designing functional nanoparticles for clinical applications. Mu, H., Holm, R., Expert Opinion Drug Delivery 2018;15;771-785

## Reviews

Tran, S., et.al., Clin.Trans.Med., 2017;6;44

Ventola, C.L., P&T., 2017;42;742-755

# Thank you

- Funder – Cancer Research UK
- Collaborators  
Many and varied  
Local, national and international
- Organisers - Invitation
- You for listening